

EXHIBIT 1

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Group Term Life Insurance Certificate

Globe Life And Accident Insurance Company certifies that it has issued Group Policy TL80, and that the person named in this certificate is insured, subject to the terms and conditions of the Group Policy.

DEATH BENEFIT PAYABLE

We will pay life insurance benefits in accordance with the provisions of the Group Policy to the beneficiary upon receipt of due proof of the death of the Insured while coverage on such Insured is in force. See the Schedule of Benefits and Premiums for amounts payable under this certificate.

RIGHT TO EXAMINE CERTIFICATE

If You are not satisfied for any reason, you may return the certificate within 30 days after receipt and have the premium refunded.

DEFINITIONS

HOLDER: The legal entity named as the Holder on the Cover Page of the Group Policy.

WE, OUR, US, THE COMPANY OR HOME OFFICE: Globe Life And Accident Insurance Company at our administrative office in Oklahoma City, Oklahoma.

YOU, YOUR, OR YOURS: The person to whom this certificate is issued. (Also referred to as the Certificate Holder.)

INSURED: An eligible person who is named in the Schedule.

GENDER: A personal pronoun in the masculine gender in this certificate will include the feminine gender also unless the context clearly indicates the contrary.

AGE: Means the age last birthday of the Insured.

CERTIFICATE MONTHS, CERTIFICATE ANNIVERSARIES: Shall be determined from the Effective Date of the Insured's certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT. Each premium is payable in advance at our Home Office.

FREQUENCY. The first premium for each Insured is due on the Effective Date of his or her insurance. Thereafter, each premium is due at the end of the period for which the preceding premium was paid.

DEFAULT. If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

GRACE PERIOD. A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his or her insurance shall continue in force.

REINSTATEMENT. Coverage may be reinstated at any time within one year after default in premium payment, if:

- a) The Insured provides evidence of insurability satisfactory to Us; and
- b) All overdue premiums are paid.

CERTIFICATE HOLDER, BENEFICIARY AND ASSIGNMENT PROVISIONS

Certificate Holder: Unless provided otherwise:

- (a) The person who completes the enrollment form applying for insurance coverage on an Insured is the Certificate Holder. The Certificate Holder has the right to receive every benefit and exercise every right regarding the insurance under his or her Certificate.
- (b) If the Certificate Holder dies, all rights will be vested in the Insured.

BENEFICIARY. The beneficiary shall be as designated in the enrollment form to receive any death benefits payable. If there is no beneficiary living or named, death benefits will be payable to the Certificate Holder's estate, or We may elect to pay up to \$5,000 to any person who is deemed by Us to be equitably entitled thereto by reason of having incurred funeral or other expenses incident to the last illness or death of the Insured. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY. By written form satisfactory to Us the Certificate Holder may change the beneficiary at any time, without the beneficiary's consent. When recorded by Us at our Home Office, the change will be effective as of the date the form is signed, whether or not the Certificate Holder is living when the form is recorded. We will have no liability for any action taken by Us before that recording.

ASSIGNMENT. The Certificate Holder may assign his or her rights in a form satisfactory to Us.

TERMINATION OF COVERAGE

The coverage of any Insured shall terminate at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid. Any premium paid for any period after the date coverage terminates will not continue the Insured's coverage in force and will be returned. Coverage will automatically terminate on the Certificate Anniversary following the Insured's 80th birthday.

CONVERSION

If the Insured desires to convert his group term life insurance coverage under the Group Policy, he may convert to an individual policy of life insurance. Evidence of insurability will not be required.

The form of the individual life policy may be any then offered by Us except term insurance, at the individual's then attained age for the amount for which he applies. At the individual's option, such amount can be either equal to or less than but not greater than the amount under the Group Policy.

The premium for such policy will be Our rate then in effect for:

- a) The plan and amount of the policy; and
- b) The class of risk to which the individual then belongs; and
- c) The individual's attained age on the effective date of the new policy.

The Individual policy of life insurance:

- a) Will only be issued if application is made and the first premium is paid to Us within 31 days after the date on which the Insured's insurance under this policy ceases; and
- b) Will take effect at the end of this 31 day application period; and
- c) Will be issued without disability or other extra benefits.

If an Insured dies during the 31 day application period, We will pay the maximum amount of insurance which the individual might have converted. The death claim will be paid under the Group Policy and not the individual policy. Any premiums paid for the individual policy will be refunded.

GENERAL PROVISIONS

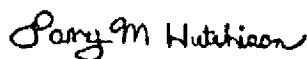
INCONTESTABILITY. After an Insured's insurance has been in force two years during the Insured's lifetime We will not question the validity of the insurance, except for non-payment of premium.

MISSTATEMENT OF AGE. If an Insured's age has been misstated, any overpayment will be refunded or any underpayment is payable to Us.

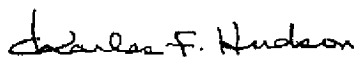
PAYMENTS BY THE COMPANY. Payments by the Company are payable at our Home Office.

SUICIDE. If an Insured dies by suicide within a period of 2 years following the Effective Date of his or her coverage, the insurance provided shall be limited to the amount of premiums paid for such person's coverage.

NON-PARTICIPATING. The Group Policy is non-participating and does not share in the profits or surplus of the Company.



Secretary



President

Countersigned:

Licensed Resident Agent where required by law.

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Globe Life Center * Oklahoma City, Oklahoma 73184

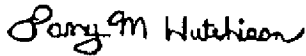
EXTENDED TERM INSURANCE RIDER

This Rider amends and is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, exclusions and limitations of the certificate which are not in conflict with this rider.

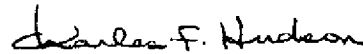
NONPAYMENT OF PREMIUM: If a premium is not paid by the end of the grace period, the certificate will lapse as of the due date of the overdue premium. All insurance will terminate at the time of lapse unless the certificateholder qualifies for **EXTENDED TERM INSURANCE**. The certificateholder qualifies for such if:

- 1) the certificateholder has an attained age of 65 or older on the due date of the overdue premium, and
- 2) the certificate for which premiums are due has been in effect for at least ten years as of the due date of the overdue premium.

The length of the **EXTENDED TERM INSURANCE** will be one year from the due date of the overdue premium. The amount of the Extended Term Insurance will be the amount of insurance of the attached certificate.



Secretary



President

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

**GLOBE LIFE CENTER * OKLAHOMA CITY, OK 73184
A Legal Reserve Stock Company**

SCHEDULE OF BENEFITS

GROUP POLICY NUMBER: TL - 3

HOLDER: GLOBE FAMILY SERVICES TRUST

CERTIFICATE EFFECTIVE DATE: FEBRUARY 14, 2003

INSURED: VELMA MIDDLEBROOKS

AMOUNT OF INSURANCE: \$10,000

ISSUE AGE: 63

CERTIFICATE NUMBER: 00-J280363

PREMIUMS:

\$1.00 FOR 1ST MONTH

\$37.17 FOR 1 MONTH

\$109.45 FOR 3 MONTHS

\$214.76 FOR 6 MONTHS

\$413.00 FOR 12 MONTHS

Modified Premium Group Term to Age 80 Insurance - Amount of Insurance Payable at Death of Insured According to Schedule of Benefits - Premiums Payable as shown in Schedule of Benefits - No Dividends

UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY * OKLAHOMA CITY, OK
(PLEASE PRINT) ENROLLMENT FOR ☒ \$10,000 LIFE INSURANCE

1. Name Velma Middlebrooks 2. Sex M ☐ F ☒ 3. Birthdate REDACTED
 4. Street Address REDACTED Tele. Number REDACTED
 City Atlanta State GA Zip Code 30318
 5. Name of Beneficiary Daughters Of Insured 6. Relationship Daughter

	<u>YES</u>	<u>NO</u>
7. Is the Proposed Insured currently disabled due to illness, confined to a hospital, nursing facility or does the Proposed Insured require the use of a wheelchair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. In the past 3 years, has the Proposed Insured had or been treated for:		
(a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive on an AIDS related blood test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? If yes, list company name and address of existing insurance on reverse side.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this enrollment is approved in the Administrative Office of Globe Life And Accident Insurance Company. Should the enrollment be declined, the amount paid will be refunded.

Date 01/24/03

Applicant-Owner Signature

This enrollment with check or cash should be mailed in the return envelope enclosed.
 Make check payable to Globe Life And Accident Insurance Company.

This Space For Home Office Use

LICENSED RESIDENT AGENT

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER * OKLAHOMA CITY, OK 73184

SCHEDULE OF BENEFITS

REPLACES ALL PRIOR SCHEDULE OF BENEFITS FOR CERTIFICATE NUMBER SHOWN BELOW

GROUP POLICY NUMBER: TL - 3

HOLDER: GLOBE FAMILY SERVICES TRUST

CERTIFICATE EFFECTIVE DATE:	ISSUE AGE:	AMOUNT OF INSURANCE:
ORIGINAL PLUS ANY ADDITIONS	63	\$10,000
ADDITIONAL: AUGUST 14 2005	65	\$5,000
	TOTAL	\$15,000

INSURED: VELMA MIDDLEBROOKS

CERTIFICATE NUMBER: 00J280363

PREMIUMS:

\$52.65 FOR 1 MONTH

\$155.03 FOR 3 MONTHS

\$304.20 FOR 6 MONTHS

\$585.00 FOR 12 MONTHS

**Modified Premium Group Term to Age 80 Insurance - Amount of Insurance Payable at Death of Insured
According to Schedule of Benefits - Premiums Payable as shown in Schedule of Benefits - No
Dividends**

TL80 - CERT

GLOBE FAMILY SERVICES TRUST

UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY * OKLAHOMA CITY, OK

(PLEASE PRINT)

ENROLLMENT FOR ☒ \$5,000 LIFE INSURANCE

1. Name Velma Middlebrooks 2. Sex M ☐ F ☒ 3. Birthdate REDACTED
4. Street Address REDACTED Tele. Number ON FILE
- City Atlanta State GA Zip Code 30318
5. Name of Beneficiary ON FILE 6. Relationship ON FILE
- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 7. Is the Proposed Insured currently disabled due to illness, confined to a hospital, nursing facility or does the Proposed Insured require the use of a wheelchair? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. In the past 3 years, has the Proposed Insured had or been treated for: | | |
| (a) Cancer, coronary artery disease, or any disease or disorder of the heart, brain or liver? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive on an AIDS related blood test? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? If yes, list company name and address of existing insurance on reverse side. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this enrollment is approved in the Administrative Office of Globe Life And Accident Insurance Company. Should the enrollment be declined, the amount paid will be refunded.

Date ON FILE

Applicant-Owner Signature

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This Space For Home Office Use

LICENSED RESIDENT AGENT

F-249 B4/05

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER • OKLAHOMA CITY, OKLAHOMA 73184



**This is your Globe
Life coverage.
Read carefully.**

00-J280363
Velma Middlebrooks
REDACTED
Atlanta GA
30318-5924

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